

# INDIAN HEALTH SERVICES AND TRIBAL 638 FACILITIES

## ELIGIBLE PROVIDERS

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In order to receive payment, all eligible servicing and billing provider's National Provider Identifiers (NPI) must be enrolled with South Dakota Medicaid. Servicing providers acting as a locum tenen provider must enroll in South Dakota Medicaid and be listed on the claim form.

Indian Health Services (IHS) billing NPIs must be enrolled and recognized as an active IHS provider with Medicare. Eligible individuals are required to be enrolled with South Dakota Medicaid. Although these individuals do not have to have a South Dakota issued license, the South Dakota eligibility requirements must still be met. The following health professional types must be enrolled and associated as a servicing provider with IHS:

- Audiologist;
- Anesthesiologist;
- Certified registered nurse anesthetist;
- Certified social worker – PIP;
- Certified social worker – PIP candidate;
- Chiropractor;
- Clinical nurse specialist;
- Dentist;
- Licensed professional counselor – mental health;
- Licensed professional counselor working toward a mental health designation;
- Licensed marriage and family therapist;
- Nurse midwife;
- Nurse practitioner;
- Optometrist;
- Occupational therapist;
- Oral surgeon;
- Orthodontist;
- Physical therapist;
- Physician;
- Physician assistant;
- Psychologist;
- Podiatrist; and
- Speech language pathologist.

Dietitians, nutritionists, registered nurses, and licensed practical nurses providing services at an IHS or Tribal facility are not eligible to enroll with South Dakota Medicaid

Providers enrolling as Tribal 638 providers must submit the most current copy of their 638 contract that describes the services recognized as 638 eligible services with the other provider enrollment materials.

Both IHS and Tribal 638 providers must submit the Tribal/IHS Ownership & Controlling Interest Disclosure form with the other provider enrollment materials.

## ELIGIBLE RECIPIENTS

Providers are responsible for checking a recipient's Medicaid ID card and verifying eligibility before providing services. Eligibility can be verified using South Dakota Medicaid's [online portal](#).

The following recipients are eligible for medically necessary services covered in accordance with the limitation described in this chapter:

Coverage Type	Coverage Limitations
Medicaid/CHIP Full Coverage	Medically necessary services covered in accordance with the limitations described in this chapter.
Medicaid – Pregnancy Related Postpartum Care Only (47)	Coverage restricted to postpartum care only.
Qualified Medicare Beneficiary – Coverage Limited (73)	Coverage restricted to co-payments and deductibles on Medicare A and B covered services.
Medicaid – Pregnancy Related Coverage Only (77)	Coverage restricted to pregnancy related services only including issues that can harm the life of the mother or baby.
Unborn Children Prenatal Care Program (79)	Coverage restricted to pregnancy related services only including issues that can harm the life of the mother or baby.
Medicaid Renal Coverage up to \$5,000 (80)	Coverage restricted to outpatient dialysis, home dialysis, including supplies, equipment, and special water softeners, hospitalization related to renal failure, prescription drugs necessary for dialysis or transplants not covered by other sources and non-emergency medical travel reimbursement to renal failure related appointments.

Refer to the [Recipient Eligibility](#) manual for additional information regarding eligibility including information regarding limited coverage aid categories.

## COVERED SERVICES AND LIMITS

The following IHS and Tribal 638 services are covered and reimbursed at the IHS encounter rate when medically necessary:

Encounter Type	Services	Description
Dental Clinic Encounter	Dental Services	Provided in accordance with the <a href="#">Dental Provider Manual</a> and in accordance with <a href="#">ARSD Ch. 67:16:06</a> .
Inpatient Hospital Encounter	Inpatient Hospital Services	Provided in accordance with the <a href="#">Institutional Services Billing Manual</a> and <a href="#">ARSD Ch. 67:16:03</a> .
Medical Clinic Encounter	Chiropractic Services	Provided in accordance with the <a href="#">Chiropractic Service Manual</a> and the provisions of <a href="#">ARSD Ch.</a>

		<a href="#">67:16:09.</a>
	Family Planning Services	Provided in accordance with the <a href="#">Family Planning Manual</a> , <a href="#">Sterilization Manual</a> , and <a href="#">ARSD Ch. 67:16:12.</a>
	Physician, Physician Assistant, and Advanced Practice Nurses	Provided in accordance with the <a href="#">Professional Services Billing Manual</a> and <a href="#">ARSD Ch. 67:16:02.</a>
	Podiatry Services	Provided in accordance with the <a href="#">Podiatric Services Manual</a> and <a href="#">ARSD Ch. 67:16:07.</a>
	Speech Language Pathology, Audiology, Physical Therapy and Occupational Therapy Services	Provided in accordance with the <a href="#">Professional Services Billing Manual</a> and <a href="#">ARSD Ch. 67:16:02.</a>
	Well-Child/EPSTD Services	Well-Child Check-ups and immunizations provided with the <a href="#">Well-Child Services Manual</a> and <a href="#">ARSD Ch. 67:16:11.</a>
Outpatient Hospital Encounter	Outpatient Hospital Services	Provided in accordance with the <a href="#">Institutional Services Billing Manual</a> and <a href="#">ARSD Ch. 67:16:03.</a>
Mental Health Encounter	Independent Mental Health Practitioner Services	Provided in accordance with the <a href="#">Independent Mental Health Practitioner</a> manual and <a href="#">ARSD Ch. 67:16:41.</a>
Vision Encounter	Optometric and Optical Services	Provided in accordance with the <a href="#">Professional Services Billing Manual</a> and in accordance with <a href="#">ARSD Ch. 67:16:08.</a>
Pharmacy Encounter	Pharmacy	Provided in accordance with the limits in this manual and <a href="#">ARSD Ch. 67:16:14.</a>
Public Health Nursing Encounter	Public Health Nursing Services	Provided in accordance with the provisions of this manual.

The following are considered included in the encounter and are not separately billable or billable as an encounter:

- Medical supplies used in conjunction with an encounter;
- Dietician services, nutritionist services, and diabetes education;
- Blood draws, laboratory tests, and radiology services provided by the facility;
- The professional component of laboratory or radiology service; and
- Physician administered drugs and other drugs or medications used in conjunction with an encounter including drugs or medications provided as part of an inpatient encounter.

### **Non-Encounter Based Services**

The following services are covered when provided by an IHS or Tribal 638 facility, but are not reimbursed at an encounter rate:

<b>Services</b>	<b>Description</b>
Ambulatory Surgical Center Services	Provided in accordance with the <a href="#">Ambulatory Surgical Centers Manual</a> and <a href="#">ARSD 67:16:28.</a>
Community Health Worker Services	Provided in accordance with the <a href="#">Community</a>

	<a href="#">Health Worker</a> manual.
HCBS Waiver Services	Provided in accordance with the approved waiver.
Nursing Facility Services	Provided in accordance with the <a href="#">Institutional Billing Manual</a> and <a href="#">ARSD Ch. 67:16:04</a> .
Personal Care Services	Provided in accordance with <a href="#">ARSD Ch. 67:16:24</a> .
Substance Use Disorder Services	Provided in accordance with <a href="#">ARSD Ch. 67:16:48</a> .
Transportation Services	Provided in accordance with the <a href="#">Transportation Provider</a> manuals and <a href="#">ARSD Ch. 67:16:25</a> .

Services rendered by a tribal owned entity that are not included in the 638 Contract are covered and reimbursed according to the applicable South Dakota Medicaid policies for those services. Please refer to the applicable provider manual for further information.

### Telemedicine Services

Encounters may occur via telemedicine. IHS and Tribal 638 facilities can also be reimbursed for serving as an originating site. An originating site is the physical location of the Medicaid recipient at the time the service is provided. Originating sites may not be located in the same community as the distant site unless the originating site is a nursing facility. Refer to the [Telemedicine Manual](#) for additional information including services that may be provided via telemedicine.

### Multiple Encounters

Only one encounter is reimbursable per date of service, per recipient. For example, if a recipient has a medical clinic encounter in the morning for the flu and has another medical clinic encounter later in the day for flu symptoms related to the initial diagnosis, only the initial encounter is reimbursable.

Exceptions to this limit are described below:

- Distinctly different types of encounters that occur on the same day.
  - The following type of encounters may be billed on the same day for the same recipient:
    - Dental Clinic Encounter
    - Inpatient Hospital Encounter
    - Medical Clinic Encounter
    - Mental Health Encounter
    - Outpatient Hospital Encounter
    - Pharmacy Encounter
    - Public Health Nursing Encounter
    - Vision Encounter
  - Example: A facility may be reimbursed for a medical clinic encounter, a pharmacy encounter, and a dental encounter for a single recipient on the same day.
  - Refer to the Encounter Restrictions section below for circumstances when this exception may not apply.
- The same encounter type if the primary diagnosis is distinctly different.
  - IHS and Tribal 638 facilities can be reimbursed for the same type of encounter on the same day for the same recipient if the primary diagnosis is distinctly different.
  - Diagnosis codes with the same header code are not considered distinctly different.
  - Example: A facility may be reimbursed for both an outpatient hospital encounter for the flu in the morning and outpatient hospital encounter due to injuries a recipient sustained later in the day due to an automobile accident.

- Refer to the Encounter Restrictions section below for circumstances when this exception may not apply.

### **Encounter Restrictions**

- Vaccines/vaccine administration is included in the encounter payment for a Well-Child check-up. It is also included in a medical clinic encounter payment for an office visit with a physician, physician assistant, or advanced practice nurse office visit. If neither a Well-Child Check-up or office visit occurs, it may be billed as its own medical encounter.
- A lab test or radiology service ordered as part of a billable encounter is included in the encounter payment for that visit. If a recipient decides to have the lab or radiology service done another day, the service is considered part of the initial encounter. If during a billable encounter the provider makes a care plan that includes laboratory tests for another date, the recipient's return visit for the planned laboratory assessment is considered a separately billable encounter. An example of a separately billable encounter is when a new medicine is started and a laboratory assessment is required after initiation of therapy.
- A pharmacy encounter for a vaccine/vaccine administration is not reimbursable on the same day as a medical clinic encounter for a Well-Child Check-up or physician, physician assistant, or advanced practice nurse office visit.
- A Public Health Nursing encounter is not reimbursable on the same date of service as a medical clinic encounter.
- One pharmacy encounter per day per recipient is reimbursable. For example, the first covered outpatient prescription drug submitted to Medicaid will pay the established encounter rate. Any subsequent outpatient pharmacy claims submitted for the same recipient with the same date of service will approve and pay \$0. South Dakota Medicaid will audit claims for appropriate billing practices.
- The cost for medical clinic encounter or outpatient hospital encounter services incurred within three days immediately preceding the inpatient stay are included in the inpatient charges unless the outpatient service is not related to the inpatient stay. This provision applies only if the facilities providing the inpatient and outpatient services are owned by the same entity. For example, if a recipient is treated at the emergency room for the flu on Thursday and admitted to the hospital for the flu on Saturday the outpatient hospital encounter is not separately reimbursable. In this example, the inpatient encounter that is billable for Saturday is considered reimbursement for the outpatient services.
- Professional services and facility fees are both included in the reimbursement of an outpatient hospital encounter and inpatient hospital encounter and must not be separately billed to South Dakota Medicaid.
- Drugs dispensed during an inpatient hospital stay are included in an inpatient encounter and are not separately reimbursable as a pharmacy encounter.
- Medication management is included in a mental health encounter and cannot be billed separately as a medical clinic encounter.

### **Pharmacy Covered Services and Limits**

Outpatient pharmacy point of sale claims are limited to covered outpatient drugs. Per federal statute 42 U.S. Code 1396r-8 (k)(3) the term "covered outpatient drug" does not include drugs provided in the following settings:

1. Inpatient hospital services.
2. Hospice services.

3. Dental services.
4. Physicians' services.
5. Outpatient hospital services.
6. Other laboratory and x-ray services.
7. Renal dialysis.

Claims for drugs provided in the settings listed above must be billed as part of the applicable encounter and may not be billed separately as a pharmacy encounter point of sale claim.

Pharmacy claims submitted to South Dakota Medicaid by IHS or Tribal 638 Pharmacies are subject to the same edits, requirements, prior authorizations, quantity limits, etc. as all other outpatient retail pharmacy claims.

- Prior authorization forms can be found at: [https://prdgov-rxadmin.optum.com/rxadmin/SDM/Prior\\_authorization.html](https://prdgov-rxadmin.optum.com/rxadmin/SDM/Prior_authorization.html)
- Additional program information can be found at: <https://prdgov-rxadmin.optum.com/rxadmin/SDM/additionalInfo.html>

South Dakota Medicaid allows prescriptions to be dispensed in no more than 34 day supply's for most drugs and in 90 day increments for oral contraceptives. The extended day supply for oral contraceptives requires the patient to first receive three consecutive monthly fills to establish tolerance to the product. South Dakota Medicaid requires that drugs will be billed in intervals appropriate for the recipient's condition. Short interval dispensing for chronically used controlled substance prescriptions requires documentation by either the prescribing physician or dispensing pharmacy. Documentation must include the reasons for the shortened dispensing interval, steps being taken to monitor appropriate utilization, past attempts to decrease the dosage, relevant "pain contracts", and other relevant information that justifies the shortened dispensing interval. Documentation must be available upon request.

Vaccines may be administered by a pharmacy when ordered by a physician, other licensed practitioners or under a collaborative agreement per [SDCL 36-11-19.1](#). Flu vaccines do not require an order by a physician or other licensed practitioner if the pharmacist meets the criteria in [ARSD Ch. 20:51:28](#).

Vaccines are part of the medical clinic encounter when performed on the same day as an acute care visit. Indian Health Service outpatient pharmacies may not submit a pharmacy point of sale claim for a vaccine on the same day as a physician encounter.

Instructions for submitting a vaccination claim are available in the [Vaccine/Immunizations](#) manual.

### **Inpatient Hospitalization Form**

Hospitals are required to inform South Dakota Medicaid when a recipient has been hospitalized for an acute care admission for six consecutive days. The [notice](#) must be completed on day six of the acute care admission. Upon discharge, providers must submit the form with the pertinent discharge information.



### **Skilled Nursing Facilities**

The reimbursement for Tribal 638 nursing facilities covers all routine services provided by the facility. Please refer to [ARSD 67:16:04:41](#) for a list of routine services. Routine services must not be separately billed to South Dakota Medicaid. Non-routine services are listed in [ARSD 67:16:04:42](#). An IHS or Tribal 638 provider of non-routine services may bill South Dakota Medicaid for covered medically necessary non-routine services in accordance with the provisions of this manual.

### **Public Health Nursing Services**

South Dakota Medicaid covers the following public health nursing services when ordered by a physician or other licensed practitioner as defined in the definition section of this manual:

- Home visit encounters based on a physician or other licensed practitioner generated referral/consult.
- Immunization visit encounters provided in accordance with the [CDC recommended vaccine administration guidelines](#).
- Well-Child/EPSTD encounters provided in accordance with the American Academy of Pediatrics' (AAP) [Bright Futures health guidelines for preventative child and adolescent care](#).

The physician or other licensed practitioner who supervises those who provide the service(s) to the recipient must assume professional responsibility for the care of the recipient.

Public health nursing services may be provided to individuals in the following settings: homes, schools, churches, elderly apartment complexes, senior meal centers, places of work, and other community locations.

## **NON-COVERED SERVICES**

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Please refer to [ARSD 67:16:01:08](#) for a list of item and services not covered. Specific administrative rules chapters and manuals referenced above also contain information about services that are not covered.

### **Non-Covered Encounters**

Services that are normally rendered during a single visit may not be unbundled for the purpose of generating multiple encounters are not covered. Facilities must not develop procedures or otherwise ask recipients to make repeated or multiple visits to complete what is considered a reasonable and typical office visit, unless it is medically necessary. Prescription drugs must not be prescribed or dispensed in lower than normal quantities for the purposes of generating multiple pharmacy encounters.

### **Public Health Nursing Non-Covered Services**

Non-covered public health nursing services include the following:

- Services provided in a jail or correctional facilities are not covered for this or any other service;
- Services provided to a child who under an Individual Education Plan (IEP) with his or her school if the services are included in the (IEP);
- Group counseling, education, and health fair activities;
- Services not provided face-to-face and "no show" appointments;

- Chart reviews and report writing;
- Services not supported by a physician referral; and
- Concurrent care services provided on the same date of service.

## **DOCUMENTATION REQUIREMENTS**

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### **General Requirements**

Providers must keep legible medical and financial records that fully justify and disclose the extent of services provided and billed to South Dakota Medicaid. These records must be retained for at least 6 years after the last date a claim was paid or denied. Please refer to the [Documentation and Record Keeping](#) manual for additional requirements.

### **Multiple Encounters**

Medical records must clearly reflect that multiple encounters occurred and were medically necessary.

### **Pharmacy Encounters**

Short interval dispensing for chronically used controlled substance prescriptions requires documentation by either the prescribing physician or dispensing pharmacy. Documentation must include the reasons for the shortened dispensing interval, steps being taken to monitor appropriate utilization, past attempts to decrease the dosage, relevant “pain contracts”, and other relevant information that justifies the shortened dispensing interval. Documentation must be available upon request.

### **Public Health Nursing Services Documentation**

A provider must maintain the following documentation for an applicable public health nursing service visit:

<b>Encounter Type</b>	<b>Documentation Required</b>
Home Visit	<ul style="list-style-type: none"><li>• Date of the referral</li><li>• Referring provider and service</li><li>• Reason for the referral</li><li>• Nursing assessment and evaluation of patient’s current condition including a review of system, full set of vital signs and documentation of pain status</li><li>• Nursing interventions based on findings</li><li>• Nursing plan of care/follow-up including any referrals to other services or resources</li></ul>
Immunization Visit	<ul style="list-style-type: none"><li>• Recommended vaccines appropriate for the age of the recipient</li><li>• Vaccines administered</li><li>• Screening in compliance with CDC age appropriate screening questionnaire(s)</li><li>• Nursing assessment and evaluation of recipient’s current conditions including a temperature and documentation of contraindications or allergies</li><li>• Nursing plan of care/follow-up including any referrals to other services or resources</li><li>• Medical provider authentication of an implemented order</li></ul>
Well-Child/	<ul style="list-style-type: none"><li>• Recommended age appropriate developmental screening</li></ul>



EPSDT Visit	<ul style="list-style-type: none"><li>• Nursing assessment and evaluation of recipient's current conditions including a full set of vital signs</li><li>• Nursing plan of care/follow-up including any referrals to other services or resources</li><li>• Medical provider authentication of an implemented order</li></ul>
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## **REIMBURSEMENT AND CLAIM INSTRUCTIONS**

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### **Timely Filing**

South Dakota Medicaid must receive a provider's completed claim form within 6 months following the month the service was provided. Requests for reconsiderations will only be considered if they are received within the timely filing period or within 3 months of the date a claim was denied. The time limit may be waived or extended by South Dakota Medicaid if one or more of the following situations exist:

- The claim is an adjustment or void of a previously paid claim and is received within 3 months after the previously paid claim;
- The claim is received within 6 months after a retroactive initial eligibility determination was made as a result of an appeal;
- The claim is received within 3 months after a previously denied claim;
- The claim is received within 6 months after the provider receives payment from Medicare or private health insurance or receives a notice of denial from Medicare or private health insurance; or
- To correct an error made by the department.

### **Third-Party Liability**

Medicaid recipients may have one or more additional source of coverage for health services. South Dakota Medicaid is generally the payer of last resort, meaning Medicaid only pays for a service if there are no other liable third-party payers. Indian Health Services is an exception to this rule. However, IHS and Tribal 638 providers must pursue the availability of third-party payment sources. Third-party liability (TPL) is the legal obligation of a third party to pay for all or part of a recipient's medical cost. Third-party payers include private health insurance, worker's compensation, disability insurance, and automobile insurance. Medicare is primary to South Dakota Medicaid and must be billed first. Any balance after Medicare payment should be billed to other TPL payers prior to billing Medicaid.

### **Reimbursement**

IHS and 638 providers will be reimbursed per encounter for services covered under this provider manual. The encounter rate is based upon the approved rates published each year in the Federal Register by the Department of Health and Human Services. All covered encounters except for inpatient hospital encounters are reimbursed at the outpatient encounter rate. Inpatient hospital encounters are reimbursed at the inpatient encounter rate. The inpatient encounter rate is considered reimbursement for both professional services and facility fees.

Services not reimbursed on an encounter basis will be reimbursed at the lesser of the provider's usual and customary charge or the South Dakota Medicaid fee schedule rate. Please refer to our [fee schedule website](#) for the South Dakota Medicaid rate. Services rendered by tribal owned entity that are

not included in the 638 Contract are eligible for reimbursement at the lower of the provider's usual and customary charge or the South Dakota Medicaid fee schedule rate.

### Claim Instructions

The following table indicates which claim form to use for services reimbursed at an encounter rate:

Service	Claim Form
Inpatient Hospital Encounter Medical Clinic Encounter Mental Health Encounter Outpatient Hospital Encounter Public Health Nursing Encounter Vision Encounter	UB-04
Pharmacy Encounter	Billed through Point of Sale
Dental Clinic Encounter	ADA Claim Form or Dental Vendor's Claim Form

### UB-04 Claim Instructions

The following table provides instructions regarding which revenue code to use when billing services on the UB-04 claim form.

Service Category	Revenue Code	Eligible Attending Provider
Inpatient Hospital Encounter	100	<ul style="list-style-type: none"> <li>• Nurse practitioner;</li> <li>• Physician;</li> <li>• Physician assistant;</li> <li>and</li> <li>• Oral surgeon.</li> </ul>
Outpatient Hospital Encounter	450	<ul style="list-style-type: none"> <li>• Nurse practitioner;</li> <li>• Physician;</li> <li>• Physician assistant;</li> <li>and</li> <li>• Oral surgeon.</li> </ul>
Vision Encounter	500	<ul style="list-style-type: none"> <li>• Optometrist</li> </ul>
Medical Clinic Encounter	<p>510 – Use for all Medical Clinic Encounters besides Well-Child check-ups</p> <p>519 – Use for Well-Child Check-up and vaccines administered as part of the check-up.</p>	<p>510</p> <ul style="list-style-type: none"> <li>• Audiologist</li> <li>• Chiropractor</li> <li>• Nurse midwife</li> <li>• Nurse Practitioner</li> <li>• Physical therapist;</li> <li>• Physician</li> <li>• Physician Assistant</li> <li>• Podiatrist;</li> <li>• Occupational therapist;</li> <li>• Speech language pathologist.</li> </ul> <p>519</p> <ul style="list-style-type: none"> <li>• Physician</li> <li>• Physician Assistant</li> </ul>

		<ul style="list-style-type: none"> <li>• Nurse Practitioner</li> </ul>
Mental Health Encounter	513	<ul style="list-style-type: none"> <li>• Certified social worker – PIP;</li> <li>• Certified social worker – PIP candidate;</li> <li>• Clinical nurse specialist;</li> <li>• Licensed professional counselor – mental health;</li> <li>• Licensed professional counselor working toward a mental health designation;</li> <li>• Licensed marriage and family therapist; and</li> <li>• Psychologist.</li> </ul>
Public Health Nursing Encounter	551	<ul style="list-style-type: none"> <li>• Physician;</li> <li>• Physician assistant; and</li> <li>• Nurse practitioner.</li> </ul>

Please refer to [Institutional Billing Manual](#) for detailed UB-04 billing instructions.

### **Public Health Nursing Claim Instructions**

The physician or other licensed practitioner must bill for the services. These services are billed utilizing Revenue Code 551 on the UB-04 Claim Form. CPT procedure codes are required to accompany each revenue code billed. Below are the reimbursable codes for public health nursing services.

<b>CPT Code</b>	<b>Description</b>
99500	Home visit – prenatal
99501	Home visit – postnatal
99502	Home visit – newborn care (up to 28 days)
99506	Home visit – intramuscular injections
99600	Home visit – LPN visit (1 hour). Code is a general code that should be used when no other code is applicable. May be used by registered nurses or advanced practice nurses.
S5190	Wellness assessment performed by non-physician

### **Pharmacy Claim Instructions**

Pharmacy claims are billed through the point of sale. Refer to the [Pharmacy Billing Manual](#) for additional information regarding the point of sale.

### **Dental Claim Instructions**

Dental claims must be billed to South Dakota Medicaid's Dental Vendor. Refer to the [Dental Provider Manual](#) for claim instructions.

### **Non-Encounter Services Claim Instructions**

The following table indicates which claim form to use for services not reimbursed at an encounter rate:

<b>Services</b>	<b>Claim Form</b>
Ambulatory Surgical Center Services	CMS 1500
Community Health Worker Services	CMS 1500
HCBS Waiver Services	CMS 1500
Nursing Facility Services	UB-04
Personal Care Services	CMS 1500
Substance Use Disorder Services	CMS 1500
Transportation Services	CMS 1500

Non-encounter services must be billed using the claim form in the above referenced table. Refer to the [Professional Services Billing Manual](#) for detailed CMS 1500 claim form instructions. Refer to the [Institutional Billing Manual](#) for detailed UB-04 claim form instructions.

## **DEFINITIONS**

1. "Encounter," a face-to-face or telemedicine contact between a health care professional and a Medicaid recipient for the provision of Medicaid or CHIP services through an IHS or Tribal 638 facility within a 24-hour period ending at midnight.
2. "Indian Health Services (IHS) Facility," a hospital, medical clinic, dental clinic, or pharmacy established and operated by the Federal Indian Health Service.
3. "Other licensed practitioner," a physician assistant, nurse practitioner, clinical nurse specialist, nurse midwife, or nurse anesthetist who is licensed by the state to provide services and is performing within their scope of practice under the provisions of SDCL title [36](#); and
4. "Tribal 638 Facility," tribally owned facilities funded by Title I or III of the Indian Self-Determination and Education Assistance Act, including all facilities under contract, compact, or receiving grants from IHS. The tribal facility is operated by a federally recognized tribe under a funding agreement with IHS.

## **REFERENCES**

- [Administrative Rule of South Dakota \(ARSD\)](#)
- [South Dakota Medicaid State Plan](#)
- [Code of Federal Regulations](#)

## **QUICK ANSWERS**

1. **Are multiple encounters reimbursable on the same date of service for the same recipient?**

Yes, in certain circumstances. Please refer to the Covered Services and Limits section.

2. **Is a vaccine administered by a pharmacy separately reimbursable as an encounter on the same date as an office visit?**

No, the vaccine is covered as part of an office visit and is not separately reimbursable. If no office visit occurred on the same date of service, the vaccine is reimbursable as a medical clinic encounter billed on a UB-04. The claim form must include the ordering provider's NPI unless it is a flu vaccine.

**3. Is a pharmacy encounter reimbursable for drugs dispensed as part of an inpatient hospital stay?**

No, an inpatient encounter reimburses the facility for any drugs dispensed during the inpatient stay.